

AMBULANCE REVENUE AND COST REPORT
GENERAL INFORMATION AND CERTIFICATION

Legal Name of Company: Southwest Ambulance of Casa Grande, Inc. CON No.: 85
DBA (Doing Business As): Southwest Ambulance of Casa Grande Phone: (800) 352-2309
Financial Records Address: 9221 E Via de Ventura City: Scottsdale Zip Code: 85258
Mailing Address (If Different): _____
Owner/Manager: Rural/Metro Corporation
Report Contact Person: John Karolzak Phone: (678) 615-9217 Ext. _____
Report for Period: From: January 1, 2013 To: December 31, 2013
Method of Valuing Inventory: LIFO () FIFO (X) Other (Explain):

Please attach a list of all affiliated organizations (parent/subsidiaries) that exhibit at least 5% ownership/vesting.

Rural/Metro Corporation

I hereby verify that I have directed the preparation of the enclosed annual report in accordance with the reporting requirements of the State of Arizona.

I have read this report and hereby verify that the information provided is true and correct to the best of my knowledge.

This report has been prepared using the accrual basis of accounting.

Authorized Signature: _____

Title: _____

Chief Relations Officer

Date: _____

6-30-14

Mail to:

Arizona Department of Health Services
Bureau of Emergency Medical Services and Trauma System
Certificate of Necessity and Rates Section
150 North 18th Avenue, Suite 540
Phoenix AZ 85007-3248
Telephone: (602) 364-3150
Fax: (602) 364-3567

Revised August 2013

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande

FOR THE PERIOD **FROM: 1/1/13** **TO: 12/31/13**

STATISTICAL SUPPORT DATA

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS (EST.)	(2)** TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) <u>TOTALS</u>
01	Number of ALS Billable Transports:	19	0	13,860	13,879
02	Number of BLS Billable Transports:	8	0	5,651	5,659
03	Number of Loaded Billable Miles:	495	0	361,425	361,920
04	Waiting Time (Hr. & Min.):	0	0	21	21
05	Cancelled (Non-billable) Runs:				<div> <div>9,562 *</div> <div>Number</div> </div>
Volunteer Services: (OPTIONAL)					Donated Hours
06	Paramedic, EMT-I, and AEMT				0
07	Emergency Medical Technician (EMT)				0
08	Other Ambulance Attendants				0
09	Total Volunteer Hours				0

**This column reports only those runs where a contracted discount rate was applied. See page 7 to provide additional information regarding discounted contract runs.

* Number shown is total number of calls minus number of transports

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande

FOR THE PERIOD **FROM: 1/1/13** **TO: 12/31/13**

STATEMENT OF INCOME

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Line No.	DESCRIPTION	FROM	
	Operating Revenue:		
01	Ambulance Service Routine Operating Revenue.....	Pg 3 Ln 10	<u>\$33,786,746</u>
	Less:		
02	AHCCCS Settlement.....		<u>(\$5,398,497)</u>
03	Medicare Settlement.....		<u>(\$8,475,113)</u>
04	Contractual Discounts.....	Pg 7 Ln 22	<u>\$0</u>
05	Subscription Service Settlement.....	Pg 8 Ln 4	<u>\$0</u>
06	Other (Attach Schedule).....		
07	Total.....		<u>(\$13,873,611)</u>
08	Net Revenue from Ambulance Runs.....		<u>\$19,913,135</u>
09	Sales of Subscription Service Contracts.....	Pg 8 Ln 8	<u>\$2,681</u>
10	Total Operating Revenue.....		<u>\$19,915,816</u>
	Ambulance Operating Expenses:		
11	Bad Debt (Includes Subscription Services Bad Debt)		<u>\$5,932,848</u>
12	Wages, Payroll Taxes and Employee Benefits.....	Pg 4 Ln 22	<u>\$7,633,852</u>
13	General and Administrative Expenses.....	Pg 5 Ln 20	<u>\$1,092,868</u>
14	Cost of Goods Sold.....	Pg 3 Ln 15	<u>\$494,166</u>
15	Other Operating Expenses.....	Pg 6 Ln 28	<u>\$1,485,632</u>
16	Interest Expense (Attach Schedule IV).....	Pg 14 CL 4 & 5 Ln 15	<u>\$1,019,875</u>
17	Subscription Service Direct Selling.....	Pg 8 Ln 23	<u>\$0</u>
18	Total Operating Expenses.....		<u>\$17,659,241</u>
19	Ambulance Service Income (Loss) (Ln 10 minus Ln 18)		<u>\$2,256,575</u>
	Other Revenues/Expenses:		
20	Other Operating Revenue and (Expenses)	Pg 9 Ln 17	<u>\$11,236</u>
21	Non-Operating Revenue and (Expenses)		<u>\$0</u>
22	Non-Deductible Expenses (Attach Schedule).....		<u>\$11,284</u>
23	Total Other Revenue/Expenses.....		<u>\$11,236</u>
24	Ambulance Service Income (Loss) - Before Income taxes		<u>\$2,267,811</u>
	Provision for Income Taxes:		
25	Federal Income Taxes.....		<u>\$771,056</u>
26	State Income Tax.....		<u>\$158,747</u>
27	Total Income Tax.....		<u>\$929,803</u>
28	Ambulance Service - Net income (Loss)		<u>\$1,338,009</u>

Note: See the two Notes to this Statement of Income reported on ARCR page "Notes"

AMBULANCE REVENUE AND COST REPORT

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AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

Note 1 Based on collection trends and other relevant data, Rural/Metro increased its contractual and uncompensated care allowances for revenues recorded prior to December 31, 2012. The impact of that adjustment was to increase calendar year 2012 net revenue by \$76,947 and decrease calendar year 2013 net revenue by the same amount. That adjustment is included in the Statement of Income data at Page 2.

Note 2 Statement of Income data does not include an Impairment Charge resulting from the adjustment of Rural/Metro's Goodwill and Intangible Assets to fair value.

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AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande

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FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

Non-Deductible Expenses:		
22.1	Contributions	\$11,284
22.2		
22.3		
22.4		
22.5		
22.6		
22.7		
22	Total.....Page 2, Non-Deductible Expenses	\$11,284

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AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

ROUTINE OPERATING REVENUE

Line
No.

DESCRIPTION

Ambulance Service Routine Operating Revenue:

1	ALS Base Rate Amount	Rate	\$ (a)	x No. of Runs	13,879	=	\$ 18,065,971
		Rate		x No. of Runs		=	
2	BLS Base Rate Amount	Rate	(a)	x No. of Runs	5,659	=	\$ 6,863,770
		Rate		x No. of Runs		=	
3	Mileage Rate Amount	Rate	(a)	x No. of Billable Miles	361,920	=	\$ 7,339,829
		Rate		x No. of Billable Miles		=	
4	Waiting Charge Amount	Rate	(a)	x No. of Hours	21.3	=	\$ 6,388
		Rate		x No. of Hours		=	

(a) Ambulance Service Rates and Charges In Effect During The Year

5	Medical Supplies (Gross Charges To Patients)					\$	1,507,843
6	Nurses Charges					\$	0
7	Total					\$	33,783,801
8	Standby Revenue (Attach Schedule)					\$	2,945
9	Other Ambulance Service Revenue (Attach Schedule)					\$	0
10	Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)					\$	33,786,746

Cost of Goods Sold: (Medical Supplies)

11	Inventory at Beginning of Year		N/A
12	Plus Purchases		
13	Plus Other Costs		
14	Less Inventory at End of Year		N/A
15	Cost of Goods Sold (To Page 2, Line 14)		\$ 494,166 *

* The disposable medical supplies are expensed as used and are not inventoried by CON

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AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande

FOR THE PERIOD **FROM: 1/1/13** **TO: 12/31/13**

WAGES, PAYROLL TAXES AND EMPLOYEE BENEFITS

Line No.	DESCRIPTION		No. of *F.T.E.	Amount
01	Gross Wages - OFFICERS/OWNERS (Attach Schedule I, Pg 10, Ln 7)		0.0	\$0
02	Payroll Taxes.....			\$0
03	Employee Fringe Benefits.....			\$0
04	Total.....		0.0	\$0
05	Gross Wages - MANAGEMENT (Attach Schedule II).....		2.3	\$134,650
06	Payroll Taxes.....			\$9,763
07	Employee Fringe Benefits.....			\$21,687
08	Total.....		2.3	\$166,100
Gross Wages - AMBULANCE PERSONNEL				
(Attach schedule II):				
		**Casual Labor	Wages	
09	Paramedic, EMT-I, and AEMT.....	\$312,050	74.5	\$2,997,738
10	Emergency Medical Technician (EMT).....		71.5	\$1,959,803
11	Nurses.....		3.3	\$239,345
12	Payroll Taxes.....			\$354,178
13	Employee Fringe Benefits.....			\$786,777
14	Total.....		149.3	\$6,337,841
Gross Wages - OTHER PERSONNEL (Attach Schedule II):				
15	Dispatch.....		6.4	\$224,513
16	Mechanics.....		2.9	\$125,391
17	Office and Clerical.....		8.4	\$252,563
18	Other.....		7.5	\$313,501
19	Payroll Taxes.....			\$66,413
20	Employee Fringe Benefits.....			\$147,531
21	Total.....		25.2	\$1,129,911
22	Total F.T.E.'s Wages, Payroll taxes and Emp. Ben. (To Page 2, Line 12).....		176.8	\$7,633,852

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080

** The sum of casual Labor (wages paid on a per run basis) + wages paid is entered in Column 2 by line item. However, when calculating FTE's, do not include casual labor hours worked or expenses incurred.

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AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande

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FOR THE PERIOD

FROM: 1/1/13

TO: 12/31/13

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GENERAL AND ADMINISTRATIVE EXPENSES

Line

No. DESCRIPTION

Professional Services:

01	Legal Fees	\$0	
02	Collection Fees	\$26,705	
03	Accounting and Auditing	\$0	
04	Data Processing Fees	\$0	
05	Other (Schedule Attached)	\$111,517	
06	Total.....		<u>\$138,222</u>

Travel and Entertainment:

07	Meals and Entertainment.....	\$3,114	
08	Transportation - Other Company Vehicles.....	\$49,612	
09	Travel.....	\$1,297	
10	Other: Lodging.....	\$778	
11	Total.....		<u>\$54,802</u>

Other General and Administrative:

12	Office Supplies.....	\$9,217	
13	Postage.....	\$13,543	
14	Telephone.....	\$64,966	
15	Advertising.....	\$1,023	
16	General Liability Insurance.....	(\$7,219)	
17	Dues and Subscriptions.....	\$5,531	
18 a	Other (Schedule Attached).....	(\$361,857)	
18 b	Other: Corporate Support Services.....	\$1,174,639	
19	Total.....		<u>\$899,844</u>

20	Total General and Administrative Expenses (To Page 2, Line 13).....		<u><u>\$1,092,868</u></u>
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AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

Other Professional Services:		
5.1	Public Affairs / Public Relations	\$46,068
5.2	Management & Human Resources	\$20,584
5.3	Medical Direction	\$41,512
5.4	Other (did not fit any other line item)	\$3,352
5.5		
5.6		
5.7		
5	Total.....Page 5, Other General & Administrative.	<u>\$111,517</u>

Other General and Administrative:		
18.a.1	Public Relations.....	\$3,139
18.a.2	Printing.....	\$8,034
18.a.3		
18.a.4		
18.a.5		
18.a.6	Miscellaneous Expenses and Chapter 11 Write-offs for Insurance Obligation Elimination, Trade Accounts Payable Elimination and Termination of Certain Leases	<u>(\$373,030)</u>
18.a	Total.....Page 5, Other General & Administrative.	<u>(\$361,857)</u>

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FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

OTHER OPERATING EXPENSES

Line No.	DESCRIPTION		
	Depreciation and Amortization:		
01	Depreciation (Attach Schedule III) Ln 20 Col I Pg 13	\$193,400	
02	Amortization.....	\$0	
03	Total.....		\$193,400
04	Rent/Lease (Attach Schedule III Ln 20 Col K Pg 13		\$533,808
	Building/Station Expense:		
05	Building & Cleaning Supplies.....	\$15,599	
06	Utilities.....	\$81,040	
07	Property Taxes.....	\$76,015	
08	Property Insurance.....		
09	Repairs & Maintenance.....	\$76,389	
10	Other (Attach Schedule).....		
11	Total.....		\$249,044
	Vehicle Expense - Ambulance Units:		
12	Licenses / Registration.....	\$9,938	
13	Fuel.....	\$229,144	
14	General Vehicle Service & Maintenance.....	\$146,368	
15	Major Repairs.....	\$0	
16	Insurance - Service Vehicles.....	\$46,616	
17	Other: Tires	\$10,043	
18	Total.....		\$442,108
	Other Expenses:		
19	Dispatch.....	\$52,003	
20	Education / Training.....	\$1,112	
21	Uniforms & Uniform Cleaning.....		
22	Meals & Travel for Ambulance Personnel.....	\$0	
23	Maintenance Contracts.....	\$5,325	
24	Minor Equipment - Not Capitalized.....	\$8,831	
25	Ambulance Supplies - (Nonchargeable).....		
26	Other (Attach Schedule)		
27	Total.....		\$67,272
28	Total Other Operating Expenses (To Page 2, Line 15)		\$1,485,632

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AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

DETAIL OF CONTRACTUAL ALLOWANCES

Line No.	Name of Contracting Entity	Total Billable Runs	Gross Billing	Percent Discount	Allowance
01	N/A				
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
ALLOWANCE TOTAL To Page 2 Line 4		0	\$0		\$0

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FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

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SUBSCRIPTION SERVICE REVENUE AND DIRECT SELLING EXPENSES

Line No.	DESCRIPTION	
01	Billings at Fully Established Rate (Informational Only - Detail Reported On Page 2 Line 1)	\$46,199
	LESS:	
02	AHCCCS Settlement	\$0
03	Medicare Settlement	(\$27,454)
04	Subscription Service Settlements	(\$1,366)
05	Subscription Service Bad Debt	\$0
06	Total (Informational Only - Detail Reported On Page 2 Lines 2, 3 and 11)	(\$28,820)
07	Net Revenue from Subscription Service Runs	\$17,380
08	Sales of Subscription Contracts (To Page 2 Line 9)	\$2,681
09	Other Revenue (Attach Schedule)	\$0
10	Total Subscription Service Revenue	<u>\$20,060</u>
	Direct Expenses Incurred Selling Subscription Contracts:	
11	Salaries/Wages	\$587
12	Payroll Taxes	\$46
13	Employee Fringe Benefits	\$66
14	Professional Services	\$11
15	Contract Labor	\$0
16	Travel	\$2
17	Other General & Administrative Expenses	\$170
18	Depreciation/Amortization	\$3
19	Rent/Lease	\$13
20	Building/Station Expenses	\$13
21	Transportation-Vehicles	\$0
22	Other (Not Classified Above and Misc)	\$283
23	Total Subscription Service Expenses (Informational Only - Detail Reported On Page 2, Lines 12 - 16)	<u>\$1,195</u>

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AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

OTHER OPERATING REVENUES AND EXPENSES

Line
No.

DESCRIPTION

Other Operating Revenues:

01	Supportive Funding - Local (Attach Schedule)	_____	
02	Grant Funds - State (Attach Schedule)	_____	
03	Grant Funds - Federal (Attach Schedule)	_____	
04	Grant Funds - Other (Attach Schedule)	_____	
05	Patient Finance Charges	_____	
06	Patient Late Payment Charges	_____	
07	Interest Earned - Related Person/Organization	_____	
08	Interest Earned - Other	_____	
09	Interest Income and Miscellaneous Revenue	\$10,465	
10	Gain On Sale of Operating Property	771	
11	Other:	_____	
12	Total Other Operating Revenues		\$11,236

Other Operating Expenses:

13	(Loss) On Sale of Operating Property	\$0	
14	Other:	_____	
15	Other:	_____	
16	Total Other Operating Expenses		\$0
17	Net Other Operating Revenues and Expenses (To Page 2, Line 20)		\$11,236

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

SCHEDULE I DETAIL OF SALARIES / WAGES

Officers / Owners

Line No.	Name	Title	% of Owner-ship	Manage-ment	*FTE	EMCT	*FTE	Office	*FTE	Other	*FTE	Totals Wages Paid To Owners	*FTE
01	N/A		\$		\$			\$				\$	
02													
03													
04													
05													
06													
07	Total		\$		\$			\$				\$	N/A
													2

* Full - time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

1 Total wages paid to owners to Page 4 Col 2 Line 01.

2 Total FTEs to Page 4 Col 1 Line 01.

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AMBULANCE REVENUE AND COST REPORT

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AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande

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FOR THE PERIOD

FROM: 1/1/13

TO: 12/31/13

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**SCHEDULE II
DETAIL OF SALARIES / WAGES**

Management, Ambulance Personnel, Other Personnel

Line

No. **Detail of Salaries/Wages - Other Than Officers/Owners**

01 MANAGEMENT:

METHOD OF COMPENSATION

Certification and/or Title	Scheduled Shifts (i.e. 40 or 60 hours a week)	\$'s per Run or Shift		
		Hourly Wage	Annual Salary	
Various Local Management	40 Hours a week	x	x	N/A
Various Regional Management	40 Hours a week	x	x	N/A

02 AMBULANCE PERSONNEL:

Paramedic	56/50/48/ hours/week	x		N/A
EMT	56/50/48/ hours/week	x		N/A
Nurse	56/48/40 hours/week	x		N/A

03 OTHER PERSONNEL

Various Support Staff	40 Hours a week	x	x	N/A

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

SCHEDULE III

DEPRECIATION AND / OR RENT / LEASE EXPENSES (AMBULANCE VEHICLES & ACCESSORIAL EQUIPMENT ONLY)

Line	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method	G Recovery Period	H Deprec. Prior Years	I Current Year Deprec.	J Remaining Basis	K Rent/Lease Amount*
01	Vehicle Rental			100%							\$5,831
02	Equipment Rental			100%							\$3,507
03											
04	Ambulances	Various	\$207,000	100%	\$207,000	SL	Various	\$0	\$51,654	\$207,000	
05	Accessorial Equipment	Various	\$70,500	100%	\$70,500	SL	Various	\$0	\$66,629	\$70,500	
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20	SUBTOTAL		\$277,500		\$277,500				\$118,284		\$9,338

* Complete description of property, date placed in service, and rent/lease amount columns only.

Note: Rural/Metro adopted "Fresh Start Accounting" at 12/31/2013. As a result all asset Cost is at Fair Value and Accumulated Depreciation is \$0 for all assets.

To Pg 13
Ln 19, Col K

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

SCHEDULE III
DEPRECIATION AND / OR RENT / LEASE EXPENSES (ALL OTHER ITEMS)

Line	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method	G Recovery Period	H Deprec. Prior Years	I Current Year Deprec.	J Remaining Basis	K Rent/Lease Amount*
01	Rented Real Estate			100%							\$519,914
02	OH Vehicle Rental			100%							\$0
03	OH Equipment Rental			100%							\$4,556
04											
05	Other Vehicles	Various	\$0	100%	\$0	SL	Various	\$0	\$0	\$0	
06	Non-Vehicle Fixed Assets	Various	\$0	100%	\$0	SL	Various	\$0	\$0	\$0	
07											
08	OH Vehicles	Various		100%		SL	Various		\$6,343		
09	OH Non-Vehicle Fixed Assets	Various		100%		SL	Various		\$88,773		
10											
11											
12											
13											
14											
15											
16											
17											
18	SUBTOTAL (above)		\$0		\$0			\$0	\$75,116		\$524,470
19	SUBTOTAL (from Pg 12 Ln 20)		\$277,500		\$277,500				\$118,284		\$9,338
20	SUM of Ln 18 and 19		\$277,500		\$277,500			\$0	\$193,400		\$533,808

To Pg 6, Ln 01 To Pg 6, Ln 04

* Complete description of property, date placed in service, and rent/lease amount columns only.

Note: Rural/Metro adopted "Fresh Start Accounting" at 12/31/2013. As a result all asset Cost is at Fair Value and Accumulated Depreciation is \$0 for all assets.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

Schedule IV DETAIL OF INTEREST

Line No.	Description	(1) Interest Rate	(2) Principal Balance Beg. of Period	(3) End of Period	(4) Interest Expense Related Persons or Organizations	(5) Other
	<u>Service Vehicles & Accessorial Equipment</u>					
	<u>Name of payee:</u>					
01		%	\$		\$	
02						
03						
04						
	<u>Communications Equipment</u>					
	<u>Name of Payee:</u>					
05		%	\$		\$	
06						
07						
	<u>Other Property & Equipment</u>					
	<u>Name of Payee:</u>					
08		%	\$		\$	
09						
10						
	<u>Working Capital</u>					
	<u>Name of Payee:</u>					
11	Various - See Audited Financials	Various	In Corp Balances		0	\$1,019,875
12						
13						
	<u>Other</u>					
	<u>Name of Payee:</u>					
14		%	\$		\$	
15	TOTAL		N/A	N/A	0	\$1,019,875
						--- (To Pg 2, Cl 2, Ln 16) ---

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AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande

BEMSTS-CON & RATES

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

BALANCE SHEET

Current audited financial statements may be submitted in lieu of the Balance Sheet

ASSETS

CURRENT ASSETS		
01	Cash	\$ _____
02	Accounts receivable	_____
03	Less: Allowance for doubtful accounts	_____
04	Inventory	_____
05	Prepaid expenses	_____
06	Other current assets	_____
07	TOTAL CURRENT ASSETS	_____
08	PROPERTY & EQUIPMENT	
09	Less: Accumulated depreciation (see ACR p. 12)	_____
10	OTHER NONCURRENT ASSETS	_____
11	TOTAL ASSETS	\$ _____ *

LIABILITIES & EQUITY

CURRENT LIABILITIES		
12	Accounts payable	\$ _____
13	Current portion of notes payable	_____
14	Current portion of long term debt	_____
15	Deferred subscription income	_____
16	Accrued expenses and other	_____
17	_____	_____
18	_____	_____
19	TOTAL CURRENT LIABILITIES	_____
20	NOTES PAYABLE	_____
21	LONG TERM DEBT OTHER	_____
22	TOTAL LONG-TERM DEBT	\$ _____
EQUITY AND OTHER CREDITS		
Paid-in capital:		
23	Common stock	\$ _____
24	Paid-in capital in excess of par value	_____
25	Contributed capital	_____
26	Retained Earnings	_____
27	_____	_____
28	_____	_____
29	Fund balances	_____
30	TOTAL EQUITY	\$ _____
31	TOTAL LIABILITIES & EQUITY	\$ _____ *

*See enclosed Consolidated Annual Audited Financial Statements

AMBULANCE REVENUE AND COST REPORT

RECEIVED

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande

JUN 30 2014

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

BEMSTS-CON & RATES

STATEMENT OF CASH FLOWS

OPERATING ACTIVITIES

01	Net (loss) income	\$	_____
	Adjustments to Reconcile Net Income To Net		
	<u>Cash Provided by Operating Activities:</u>		
02	Depreciation expense		_____
03	Deferred income tax		_____
04	Loss (gain) on disposal of Property and Equipment		_____
	<u>(Increase) Decrease in:</u>		
05	Accounts receivable		_____
06	Inventories		_____
07	Prepaid expenses		_____
	<u>(Increase) Decrease in:</u>		
08	Accounts payable		_____
09	Accrued expnses		_____
10	Deferred subscription income		_____
11	NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	\$	_____

INVESTING ACTIVITIES:

12	Purchases of property and equipment	\$	_____
13	Proceeds from disposal of property and equipment		_____
14	Purchases of Investments		_____
15	Proceeds from disposal of Investments		_____
16	Loans made		_____
17	Collections on loans		_____
18	Other _____		_____
19	NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	\$	_____

FINANCING ACTIVITIES:

	<u>New borrowings:</u>		
20	Long-term	\$	_____
21	Short-term		_____
	<u>Debt reduction:</u>		
22	Long-term		_____
23	Short-term		_____
24	Capital contributions		_____
25	Dividends paid		_____
26	NET CASH PROVIDED (USED) BY FINANCING ACTIVITIES	\$	_____
27	NET INCREASE (DECREASE) IN CASH	\$	*
28	CASH AT THE BEGINNING OF YEAR	\$	_____
29	CASH AT END OF YEAR	\$	_____

SUPPLEMENTAL DISCLOSURES:

	<u>Noncash investing and financing transactions:</u>		
30	_____	\$	_____
31	_____	\$	_____
32	_____	\$	_____
33	Interest paid (net of amounts capitalized)	\$	_____
34	Income taxes paid	\$	_____

*See enclosed Consolidated Annual Audited Financial Statements